RECEIVED
CENTRAL FAX CENTER

NOV 0 9 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

: 2623

Customer No. 35811

Examiner

: Ahmed, Samir Anwar

Serial No. Filed : 10/643,101 : August 18, 2003

Inventor

Title

: Michael Arnouse

· APPARATI

: APPARATUS, SYSTEM AND : METHOD FOR AIRCRAFT

: METHOD FOR AIRCRAFT : SECURITY

Docket No.: ARN-03-1232R

Dated: November 9, 2005

Confirmation No.: 3339

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Certificate of Facsimile

For

Amendment Transmittal Letter, in duplicate Amendment

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name of Applicant, Assignee, Applicant's Attorney or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP

~PHIL1:3740959.v1

Attorney Docket No.: ARN-03-1232R

In re Application of Michael Amouse

RECEIVED CENTRAL FAX CENTER

NOV 0 9 2005

Filed:

Serial No.:

August 18, 2003

10/643,101

For:

APPARATUS, SYSTEM AND METHOD FOR AIRCRAFT SECURITY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1,27 is enclosed.
- X No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	70	<u> </u>	** 71 =	0
INDEP.	5	-	** 5 =	0
Application Size Fee				
First Presentation of Multiple Dependent Claim				

RATE	ADD'L FEE	OR
x 25 =		
X 100 =	\$	
	\$	
+180=	S	
•		1

RATE	ADD'L FEE
x50 =	\$
x 200 =	\$
x250=	\$
+360=	S

TOTAL ADDITIONAL FEE

\$ 0 OR

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-2719 in the amount of \$_______ A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ is attached.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
 - X Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
 - X Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

Paul A. Taufer

Reg. No. 35,703 / Attorney for Applicant(s)

PAT:nn (215)656-3385

Attorney Docket No.: ARN-03-1232R

In re Application of Michael Amouse

RECEIVED
CENTRAL FAX CENTER

NOV 0 9 2005

Serial No.:

10/643,101

Filed:

August 18, 2003

For:

APPARATUS, SYSTEM AND METHOD FOR AIRCRAFT SECURITY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- X No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	70		** 71 =	0
INDEP.	5	-	** 5 =	0
Application Size Fee				
First Presentation of Multiple Dependent Claim				

RATE	ADD'L FEE	OR
x 25 =		
X 100 =	\$	
	\$	
+180=	\$	
		•

RATE	ADD'L FEE
x50 =	\$
x 200 =	\$
x250=	\$
+360≃	S

TOTAL ADDITIONAL FEE

\$ 0

OR

8

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-2719 in the amount of \$_____.

 A duplicate copy of this sheet is enclosed.
- A check in the amount of \$____is attached.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
 - X Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

Paul A. Taufer Reg. No. 35,703

Attorney for Applicant(s)

PAT:nn (215)656-3385

RECEIVED CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 0 9 2005

Art Unit

: 2623

Customer No. 35811

Examiner

: Ahmed, Samir Anwar : 10/643,101

Serial No. Filed

: August 18, 2003

: Michael Amouse

Confirmation No.: 3339

Inventor Title

: APPARATUS, SYSTEM AND

Docket No.: ARN-03-1232R

: METHOD FOR AIRCRAFT : SECURITY

Dated: November 9, 2005

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313

Sir:

In response to the Interview Summary dated November 7, 2005, please amend the application as follows: